## Composite State Board of Medical Examiners BASIC JOB DESCRIPTION PHYSICIAN'S ASSISTANT - PRIMARY CARE

- A. The Physician's Assistant (PA) may perform his/her duties only in the principal offices of the physician, public or private places or health facilities where the physician regularly sees patients; and is not precluded from making house calls, hospital rounds, serving as an ambulance attendant, or performing any functions performed by the supervising physician for which the Physician's Assistant is qualified and are delegated by the supervising physician.
- B. Supervision means overseeing the activities of, and accepting the responsibility for, the medical services rendered by a Physician's Assistant. The supervising physician need not be physically present at the time of the services but shall be immediately available by telecommunications and within reasonable travel distance to assume personal care. For surgery requiring general or neuro-axial and/or major regional block, the supervising physician must be present in the operating facility.
- C. The physician and the Physician's Assistant are expected to understand and comply with all current laws, rules and regulations which govern the practice of Physician's Assistants in the State of Georgia and will be acknowledging this by affixing their signature on the Physician's Assistant practice application.
- D. A Physician's Assistant may gather a data base on all new patients or established patients with new or existing problems which may include a complete medical history and physical examination, medical record review, and he/she may order the appropriate initial diagnostic studies and initiate a treatment plan. The Physician's Assistant will be responsible for transmitting that information orally, or through notation in the patient's medical record, to the supervising physician for review.
- E. A Physician's Assistant may order/select a dangerous drug or controlled substance or order medical treatments or diagnostic studies in any health care setting in accordance with Rule 360-5-.07(8).
- F. The Physician's Assistant, if qualified by training and experience as determined by the supervising physician, may perform medical treatments, diagnostic procedures, or tasks as delegated by the supervising physician which fall within the normal scope of practice of the supervising physician.
- G. A Physician's Assistant may instruct and counsel patients and their families, and involve them in informed decision making, with regards to their illness or injury, therapeutic and diagnostic procedures, treatment regimens, normal growth and development, family planning, advanced directives, emotional problems of daily living, and health maintenance. He/she may also facilitate referrals of patients to other medical providers, medical facilities, or other health/social service agencies when appropriate as per the delegation of the supervising physician.
- H. In a life threatening emergency situation, when the supervising physician is not present, the Physician's Assistant may initiate appropriate evaluation and treatment.
- I. The Physician's Assistant shall be at all times properly identified as a Physician's Assistant and shall wear a clearly legible identification name tag with the words "Physician's Assistant" as required under Rule 360-5-.07(6).
- J. A Physician's Assistant may carry out a prescription drug or device order in any health care setting in accordance with Rule 360-5-.12.

THIS IS TO CERTIFY THAT THE UNDERSIGNED HAS RECEIVED READ AND ARE FAMILIAR WITH THE MEDICAL PRACTICE ACT RULES AND REGULATIONS PERTAINING THERETO. IT IS FURTHER UNDERSTOOD THAT SUPERVISION MEANS OVER SEEING THE ACTIVITIES OF AND ACCEPTING THE RESPONBILITY FOR THE MEDICAL SERVICES RENDERED BY A PHYSICIAN'S ASSISTANT.

Signature of Physician's Assistant & Date  Signature of Supervising Physician & Date		Type or Print P.A.'s name  Print Physician's Name & License #
The following physicians are designat listed above.	ted as alternate sup	pervising physicians for the Physician's Assistant
Alternate Physician's Name	License #	Original Signature & Date